

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10 824561** FILING DATE **4-15-06**

APPLICANT(S)

CLAIMS

	AD FILED		APPLICANT ALZHOEIMERS		APPLICANT ALZHOEIMERS	
	CHD	DEP	CHD	DEP	CHD	DEP
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100						
TOTAL IND.	3					
TOTAL DEP.	16					
TOTAL CLAIMS	19					